CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

1,---

Date Received City of El Cerrito

Please type or print in ink.

COVER PAGE COMPLISSION City Clerk 2013 APR 15 PM.

NAME OF FILER ABEZSON	FIRST) TOUL (MIDDLE)
1. Office, Agency, or Court	
Agency Name	
City of El Cerrito	
Division, Board, Department, District, if applicable	Your Position
City Council	Councilmember
▶ If filing for multiple positions, list below or on an attachment.	
Agency: MSC, SA to RDA, Pension Trust Bd., PFA	Position: Board Member
2. Jurisdiction of Office (Check at least one box)	
State Output Control Contro	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County ALAMEDA, COMPA COSTA	Micounty of CONTRA COSTA
City of El Cerrito	☐ Other
3. Type of Statement (Check at least one box)	The second section of the second seco
Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left/(Check one)
The period covered is/, through December 31, 2012.	 The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election year and office sought, if	different than Part 1:
4. Schedule Summary Check applicable schedules or "None." ► Total	number of pages including this cover page:
57 0	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- None - No reportable intere	ists on any schedule PAGG FOR ADDITIONAL A.GENCIE
5	
herein and in any attached schedules is true and complete. I acknowledge the state of the state of	
Date Signed	

Expanded Form 700

Additional Agencies

6. Contra Costa Transportation Authority	Commissioner
7. West Contra Costa Transportation Advisory Committee	Board Member
8. AC Transit Accessibility Advisory Committee	Board Member

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
UNION PACIFIC RAILROAD COM	REALTY INCO ME CORP
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RAILROAD	REALTY INCO ME CORP GENERAL DESCRIPTION OF BUSINESS ACTIVITY REAL ESTATE INVESTIGATION
FAIR MARKET VALUE	FAIR MARKET VALUE
□ \$2,000 - \$10,000 □ \$10,000 - \$100,000 □ \$100,000	□ \$2,000 - \$10,000 🔀 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Total Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY GENERAL ELECTRIC	NAME OF BUSINESS ENTITY + 6 AMBLE
GENERAL DESCRIPTION OF BUSINESS ACTIVITY & PACE FLECTRICAL, HE NOS PACE FAIR MARKET VALUE MANOFACTURINE FAIR MARKET VALUE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY COSUMER PRODUCTO
YEINANCIAL SERICES, TURING	[
	FAIR MARKET VALUE
\$2,000 - \$10,000 \(\sum \) \(\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	11
NAME OF BUSINESS ENTITY ROW	BRISTOL MEYELS-SQUIB GENERAL DESCRIPTION OF BUSINESS ACTIVITY DRUGS, CONSUMER PLODUCE
GENERAL DESCRIPTION OF BUSINESS ACTIVITY PETROLES M PRODUCTS	GENERAL DESCRIPTION OF BUSINESS ACTIVITY DRUGS, CONSUMER PRODUCE
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

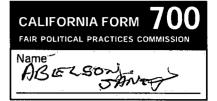
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name ABEL SOLL

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
LAW OFFICE OF HOWARD BESON	
LAW OFFICE OF HOWARD BESSEN Name 3220 BLUME DR. RICHMOND, CA	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY LEGAL SERVICES	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$\$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship COMMONTY PROPERTY YOUR BUSINESS POSITION	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
☐ \$0 - \$499 3 \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
□ None No NE	☐ None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
MINVESTMENT REAL PROPERTY OF A THORNG	MOWARD ABELSON ATTORNEY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property D	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR WARRET VALUE IF AFFEICABLE, EIST DATE.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	St. St.
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$2,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000

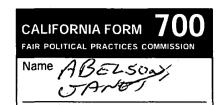
Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)



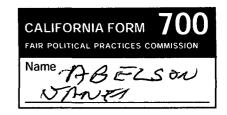
	· ·
3150 HILTOP MALLO #31	* ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1997 \$1320 BCUME WAY 4197
SISO HILTOP MALLED #34	RICHMOND, OR 94806
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000 FAIR MARKET VALUE IF APPLICABLE, LIST DATE: ACQUIRED OISPOSED	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
_ Note	, Hone
 	
* Vo	
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of busin	
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
- Caracina approach	Section, approach
Comments:	

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
MEYELS NAVE	
ADDRESS (Business Address Acceptable) AKUNI 555-12 TH 5500 CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
912,65 MEAL	\$
\$	s
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
s	
\$	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) ·VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
s	\$
	\ \s
_	
Comments:	· · · · · · · · · · · · · · · · · · ·

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
LEAGUE OF CONFORM CHICKS	
	ADDRESS (Business Address Acceptable)
1400 A ST	
CITY AND STATE	CITY AND STATE
SACRAMONTO, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE (\$\sqrt{2}\sqrt{501} (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
1 15 A-GOTE OF CITIES	
DATE(S): 111912 AMT: \$43	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Throome	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
POLICY COMMITTEE	-
22 - 5 - 2 - 3 - 5	
MEUTINE	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
LEDGUE OF CACIFARI	I NAME OF SOURCE (NOT BIT ACTURYIN)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K ST	ADDICESS Address Acceptable)
CITY AND STATE	CITY AND STATE
	SIT AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE (501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LEPEUR PE COME	3
DATE(S): 3 27 22 AMT: \$ 29	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
ROLICY COMMITTES	- Curici - Frovide Description
NEETNE	
Comments	
Comments:	